. S. No. 2
DM—1/47
ev. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37995

FILED DEC 9 1947

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4989

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3023 East 19th. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3023 East 19th. Terrace 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: U

3. (a) PRINT FULL NAME: Sterling Price Ballard
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katie Ballard
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: 4 (Month) 7 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	7	19	....hr. ....min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Andrew Jackson Ballard
13. Birthplace: Kentucky (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name: Hattie E. Johnson
15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant: Mrs. Katie Ballard
(b) Address: 3023 East 19th. Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri
19. (a) 11-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th. year 1947 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from November 5, 1947, to November 26, 1947 that I last saw him alive on November 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Regurgitation (chronic) + chronic Myocarditis — Duration: months, months
Due to: Sam Fiscal Inspection Body
Due to:
Other conditions: chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: 13/0

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Harry M. Dugan (M. D. or other)
Address: 1401 Prospect Ave. Date signed: 11-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Jerry A. Minor, Registered Apprentice No. 437, working under my personal supervision.

Signed Cortland J. Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.